

*on health
care
of the
people
of the
Czechoslovak
Socialist
Republic*

THE ROYAL SOCIETY

FOR THE PROMOTION

OF HEALTH

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The Act No. 20 of March 17th 1966

ON HEALTH CARE OF THE PEOPLE

THE ROYAL SOCIETY

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OF HEALTH

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The Act No. 20 of March 17th 1966

ON HEALTH CARE

OF THE

PEOPLE



Ministry of Health of the Czechoslovak Socialist Republic

Prague, 1966

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INTRODUCTION

On March 17, 1966 the National Assembly of the Czechoslovak Socialist Republic unanimously passed a new Act on Health Care of the People. By this Act, which will become the firm basis of the further development of health care, the Czechoslovak Socialist Republic is trying to solve as the first country in the world not only the question of the operation of the health services and their organization, but at the same time also to define the main duties which — in the interest of promoting and protecting health — must be implemented by all authorities, agencies and organizations, as well as individuals, in the development of the national economy and culture, similarly as in the implementation of other important tasks of society as a whole.

The broad concept of health care and its society-wide character — the most marked feature of the new legal provisions — deserve special emphasis. The new Act defines specifically and in detail the responsibilities of all organizations, authorities and agencies in creating and protecting healthy living conditions. At the same time it defines the responsibility of senior workers and officials at all levels of control for the implementation of these tasks.

When evaluating this responsibility we must realize that every day, every moment people encounter to an increasing extent factors which substantially influence their life and health, their interests and hopes. These influences naturally differ substantially from those which affected man thirty or fifty years ago. Their qualitative difference is due to social and economic conditions, new modes of production and new interhuman relations, and they have not only a positive but also a negative effect. It is therefore important to support everything that is positive in its relation to man, that promotes his healthy and full life and his happiness, and to eliminate all that has an adverse effect.

This task is acquiring special importance in the new system of control of our national economy. In order to attain a close link between economic interests and the interests of health, different agencies, in particular the national committees, will have to enforce and ensure consistently, even by state power, the interests of society in the care of the people's health. The agencies of the hygiene service will play an important role in this respect. Together with other agencies of the national committees they will be able to take action against organizations which infringe upon regulations governing the creation and protection of healthy living conditions.

The new Act extends the free provision of health services under equal conditions to all citizens of our country. Health services are provided through a system of health facilities, and the basis of the uniform system are services provided in the health communities. In the health community system the principles of socialist health services are most marked, particularly as regards their preventive trend, the accessibility of the health services, the preferential care for the new generation and health protection of workers, as well as the individual care for man according to the principle of unity of the organism and the external environment.

Very important are those provisions of the new Act which

pertain to the tasks of science in the care of the people's health, as a scientific approach to the development of our society is becoming increasingly urgent. Under the present conditions, science is developing into a force of production. Medical science must therefore be a sensitive indicator and regulator of the contemporary scientific and technical revolution, particularly its hygienic branch; it must actively initiate and develop its trends so as to satisfy needs of man and promote his physical and mental health.

The new Act on the Health Care of the People will help even more to create healthy living conditions and thus apply more extensively the principle that illhealth must be prevented. The Act will enable all components of our socialist society to implement more satisfactorily all the demanding tasks whose aim is to attain the best possible results in health care of the people which is one of the basic prerequisites of a happy and creative life of both the individual and society as a whole.

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The Act No. 20
of March 17th, 1966
ON HEALTH
CARE
OF THE PEOPLE



Health is one of the basic prerequisites of a happy and creative life of the individual and of society as a whole; it is at the same time an important factor in the development of productive forces. The right to health care is one of the basic civic rights granted by the Constitution of the Czechoslovak Socialist Republic. The socialist system, where the interests of society as regards the health of the people are in harmony with individual interests, creates, in accordance with contemporary scientific and technical knowledge, all conditions for a successful development of health care of the people. Efforts to attain optimum health of the people therefore rank among the main tasks of socialist society, all organizations and every individual.

In order to concentrate efficiently all the efforts to attain the aforesaid goal, the National Assembly of the Czechoslovak Socialist Republic passed the following Act:

MAIN PRINCIPLES OF HEALTH CARE OF THE PEOPLE

Article I

Socialist society and all its components ensure in a planned way health care as an integral part of the economic and cultural development by means of economic, social, cultural and health measures.

Article II

The care devoted by society to the people's health must be matched by the effort of every individual to live a healthy life and to avoid influences harmful to his health. At the same time every individual should promote the favourable development of the health care of his fellow citizens and therefore contribute actively to the creation of healthy conditions and a healthy living and working pattern and participate in the control and supervision of health care of the people.

Article III

One of the main prerequisites of health care of the people includes the steady development of science and technical science and the prompt application of the results of scientific research in practice. Science must therefore ensure in advance the necessary findings and apply them in all those spheres of the national economy which have a bearing on public health.

Article IV

Socialist health care of the people has a preventive charac-

ter and is focussed predominantly on the protection and systematic promotion and development of the physical and mental health of the people; special attention is paid to care for the young generation and health protection of the working people.

Article V

Health care is provided by the State free of charge to all citizens. The continuity, systematic character, accessibility and uniformity of health care are ensured by an efficient network of the health service, provided free of charge in the prescribed extent.

Article VI

In order to implement the aforesaid principles of health care of the people, the present Act defines the creation and protection of healthy conditions and a healthy living and working pattern, and the provision of health services.

PART ONE

CREATION AND PROTECTION OF HEALTHY LIVING AND WORKING CONDITIONS

Section 1

(1) All enterprises, cooperatives and other organizations (further only „organizations“) have the duty to take within their competence all necessary measures to create and protect healthy living and working conditions (further only „healthy living conditions“), and are responsible for the implementation of these duties.

(2) Superior agencies have the duty to guide systematically the subordinated organizations to implement their tasks in the care for healthy living conditions inseparably from the tasks of the economic and cultural development and to control how the branches administered by them observe their duties in protecting health, and to draw economic consequences when these duties are not implemented.

(3) It is the personal responsibility of all leading workers and all officials at all levels of control, and all other persons entrusted with the control, organization and supervision of work, depending on their competence and scope of their work, to ensure the implementation of the duties of agencies and organizations in the care for healthy living conditions.

(4) Leading workers and officials have the duty to create sys-

tematically the prerequisites for the initiative of individuals in the care for healthy living conditions and to base their work on the active participation of the public.

Section 2

(1) Healthy living conditions are ensured and protected in particular by

- (a) care of a healthy atmosphere, water, soil and other components of the living environment, particularly in residential, recreational and balneological areas, dwellings and other buildings, public premises and in the surroundings of factories, as well as public transport facilities, physical training facilities and facilities providing public services,
- (b) care for sound nutrition and provision of wholesome objects of everyday use,
- (c) care of a sound development of children and youth, particularly as regards the educational environment and methods of education,
- (d) care of a beneficial effect of the working environment and work on the health of the working people.

(2) An important factor in creating and protecting healthy living conditions is the education of the public towards health consciousness and the acquisition of correct hygienic habits.

Section 3

The tasks in the care for healthy living conditions must be ensured in particular

- (a) when drawing up and controlling plans of the development of the national economy, including technical development,
- (b) during territorial planning, the design of buildings and other facilities, during their construction, reconstruction and initiation of their operation (use) and their maintenance and repair,
- (c) when specifying development, research and thematic tasks, and in designing and introducing new machines and other work equipment and technological and work procedures,
- (d) in the introduction, organization, and expansion of production, commerce and services, and in import,
- (e) in the control and organization of work and its supervision,
- (f) when introducing all types of individual and collective material incentives, their application, and in the formulation of technical-economic standards and wage regulations,
- (g) in the training and education, particularly when drawing up and inspecting plans of education and training of children and youth,
- (h) in the employment of workers with regard to their physical, mental and professional abilities,
- (i) in analysing and evaluating the economic results of work.

Section 4

(1) The organs and agencies which are entitled to approve measures requiring the binding opinion of the hygiene service agencies must not give their consent to such measures without such positive expert opinion.

(2) A binding expert opinion of the organs of the hygiene service must be requested for the following measures:

- (a) draft territorial plans of areas and housing estates,
- (b) drafts of new standard and model projects of buildings and premises,
- (c) the introduction of the production of new construction elements and materials for which technical standards have not been issued,
- (d) for structures which are being handed over for operation or use,
- (e) for defining zones of hygienic protection,
- (f) for utilizing water resources supplying drinking and utility water and the use of ponds for recreational purposes.

(3) A binding expert opinion of the hygiene service agencies must be requested to the extent and under the conditions specified by the implementing regulations also for other measures which might cause damage to health and which could not be subsequently eliminated at all or only with disproportionate expenditure, in particular for

- (a) documentation of buildings and premises,
- (b) proposed technical standards,
- (c) starting the operation of factories,
- (d) starting the production and for the import of foodstuffs and articles of everyday use,
- (e) selecting the location of Pioneer camps and outdoor schools, and for starting their operation,
- (f) designs of new types of protective work aids,
- (g) designs of machines and other equipment and for their import,
- (h) proposals to introduce new technical and working procedures.

(4) Other measures which may adversely influence living conditions must be discussed with the organs of the hygiene service to the extent defined in the implementing regulations.

Section 5

(1) When creating and protecting healthy living conditions it is important to take also all measures against the development and spread of communicable diseases including special measures against epidemics.

(2) Special measures during epidemics and in case of imminent epidemics include

- (a) the banning or reduction of production, processing, storage, transport, import, export, sale and other handling of things and animals which may spread communicable diseases, or orders to destroy them,
- (b) the banning or restriction of contacts between some population groups and the rest of the population, in particular restriction on the travel of inhabitants from certain areas and on transport between some areas,
- (c) the banning or restriction of festivities, theatre and cinema performances, sports and other activities, assemblies and markets,
- (d) the closing of educational facilities for children of all types as well as accommodation facilities and public and other catering establishments or restriction of their activities,
- (e) prohibition to use wells, springs, water reservoirs, ponds, brooks and rivers, swimming pools, public baths and laundries,
- (f) orders for the mass destruction of harmful animals as part of local disinfection,
- (g) orders to put up warnings on premises where a communicable disease has occurred.

Section 6

- (1) In order to ensure healthy living conditions organizations have the duty in particular to
- (a) organize and control during their activities the observance of hygienic principles and measures against communicable and other diseases,
 - (b) maintain systematically conditions for personal hygiene and the sound development of the mental abilities of individuals,
 - (c) collaborate with the health authorities and health workers, in particular to enable persons engaged in sanitary supervision to carry out their responsibilities and eliminate within the prescribed terms the shortcomings ascertained in the course of sanitary supervisions,
 - (d) assist in ensuring a proper provision of health services, particularly in dispensary care, entrance, periodic and preventive examinations and in vaccinations,
 - (e) act as regards enlistment for work or other activities or transfer to other work or activities in accordance with the recommendations of the competent physicians and commissions.
- (2) Special duties of organizations and organs as regards first aid and in the building and maintenance of health institutions are defined in the subsequent provisions of the present Act.

Section 7

(1) If serious hazards to health arose or may arise due to an infringement of the regulations governing the creation and protection of healthy living conditions, the national committees shall order, before appropriate measures are taken, the discontinuation, construction or use or operation of a plant, institution or other premises. The details of this competence are specified in the regulations issued for the implementation of the present Act.

(2) If organizations violate the regulations governing the creation and protection of healthy living conditions, the national committee shall fine them under special regulations.



PART TWO

PARTICIPATION OF INDIVIDUALS AND TASKS OF PUBLIC ORGANIZATIONS IN THE HEALTH CARE OF THE PEOPLE

CHAPTER ONE

PARTICIPATION OF INDIVIDUALS

Section 8

Individuals participate actively in securing health care in particular by

- (a) applying in their activities principles of hygiene and by collaborating in measures to improve health conditions,
- (b) submitting recommendations for better health care, drawing attention to sanitary shortcomings and considering measures for the promotion of health, particularly when preparing, specifying and controlling the implementation of the plan,

- (c) participating in the control and supervision of health care,
- (d) participating in health programmes; they manifest their high civil consciousness also by blood donorship.

Section 9

(1) Individuals are entitled to health services under the present Act and the regulations issued for its implementation.

(2) In the interest of his health and the health of his fellow-citizens every individual has the duty

- (a) to submit in cases specified by generally binding regulations to medical examinations, examinations and diagnostic tests, vaccination, treatment of communicable diseases or other diseases particularly serious from the social aspect, to isolation and quarantine provisions, prohibition to work or pursue other activities, to sanitation, disinfection and other protective measures against infection,
- (b) to submit, as specified, a medical certificate on the absence of infection and inform the appropriate authorities of circumstances important with regard to epidemiological investigations; a person suffering from a communicable disease, if requested, must inform the doctor of the source of the infection and of persons whom he may have infected,
- (c) to notify certain diseases or other facts important with regard to ensuring therapeutic and preventive care,
- (d) to provide or arrange for essential aid to a person whose life is in danger or whose health is seriously impaired,
- (e) to participate in health training ordered for reasons of public interest.

CHAPTER TWO

TASKS OF PUBLIC ORGANIZATIONS

Section 10

(1) The Revolutionary Trade Union Movement, the Czechoslovak Red Cross, the Czechoslovak Union of Youth, the Czechoslovak Union of Physical Training and the Union for Cooperation with the Army induce their members by their organizational and educational activities to promote their health consciousness, healthy living habits and active participation in measures for health care of the people. Other public organizations participate in health education and tasks pertaining to the people's health.

(2) The Revolutionary Trade Union Movement also participates in the control and supervision of health care of the people.

(3) The Czechoslovak Red Cross trains citizens to participate in the fulfilment of health tasks and its organizations closely collaborate with the health institutions.

(4) Tasks pertaining to the people's health are implemented by social organizations according to principles agreed upon with the Ministry of Health.



PART THREE

SYSTEM AND CONTROL OF HEALTH SERVICES

CHAPTER ONE

HEALTH SERVICES

Division 1

PROVISION OF HEALTH SERVICES

Section 11

(1) The state provides health services in its institutions in conformity with contemporary medical knowledge.

(2) Health services are provided to all citizens of the Czechoslovak Socialist Republic free of charge to the extent, under the conditions and in the health institutions specified in the present Act and in the regulations issued for its implementation.

(3) The Ministry of Health may specify that in exceptional cases payment may be demanded for the provision of certain health services which are not indispensable.

Section 12

(1) Health services are provided by health institutions which are integrated in a uniform system based on team work and an expedient division of labour, while maintaining the unity of specialized care and personal responsibility for the care provided. In these institutions examinations and treatment may be provided only by authorized health workers.

(2) Specialized care is based on services provided in the health communities. The health communities are based on territorial or factory health communities; in these communities health community doctors with a team of collaborators provide the population (employees of an enterprise) with care in health and disease; they follow and influence their living conditions and promote their health consciousness.

Division 2

HEALTH EDUCATION OF THE POPULATION

Section 13

Health institutions and their health workers play a decisive role in the health education of the people, this education being carried out in close cooperation with other educational activities.

Section 14

The tasks involved in the health education of the people are implemented by all health facilities and their health workers in close collaboration with the family, the schools and economic and public organizations as an integral part of their everyday activities.

Division 3

ACTIVITIES IN THE FIELD OF HYGIENE AND THE CONTROL OF INFECTIOUS DISEASES

Section 15

(1) Health institutions guide from the professional aspect organs, agencies and organizations as well as individuals in the creation and protection of healthy living conditions and help them to fulfil their tasks and check their systematic and uniform implementation.

(2) Health institutions also take special protective measures against communicable diseases.

Section 16

(1) The tasks of health institutions listed under Section 15

are implemented by health workers as an integral part of their everyday activities, to the extent corresponding to their work responsibilities.

(2) Health community doctors and the teams of their collaborators act also as expert advisers and collaborators of the national committees and enterprises. Acting in conformity with the regulations issued to implement the present Act, the health community doctors and, if necessary, also other doctors providing health services in the health community, may impose measures to eliminate shortcomings which involve an immediate threat to human health.

(3) Special tasks as regards the creation and protection of healthy living conditions and in the fight against communicable diseases are fulfilled by institutions and agencies of the hygiene service (Sections 4, 71 and 81).

Division 4

THERAPEUTIC AND PREVENTIVE CARE

Contents of therapeutic and preventive care

Section 17

(1) Therapeutic and preventive care involves care for the protection, recuperation and promotion of health of individuals and communities. It is provided to the population in health and disease, in the event of maternity and other conditions requiring medical aid.

(2) Therapeutic and preventive care includes all out- and

in-patient care, including balneological care, the provision of drugs, therapeutic and orthopaedic and other medical goods, and the transport of patients.

Section 18

(1) Out-patient care, an important part of which is also the visiting service is ensured primarily by polyclinics in collaboration with health community centres.

(2) If the condition of the patient is such that he requires care which cannot be provided on an out-patient basis, he is admitted usually in a hospital or a specialized therapeutic institution.

Section 19

Bal ne o lo gi cal care

(1) Balneological care is provided selectively to persons whose health calls for it; this selection takes into account also social aspects. The list of diseases where balneological treatment can be provided and the period of treatment shall be specified by the Ministry of Health after consultation with the Central Trade Union Council. Other conditions and the methods of providing balneological treatment to employees and their dependents shall be defined by the Ministry of Health in agreement with the Central Trade Union Council.

(2) Balneological treatment is granted by the agencies of the Revolutionary Trade Union Movement, agencies of social security or other agencies and organizations authorized to do so; they shall base their decisions on medical recommendation and shall act in collaboration with health institutions and agencies. Balneological treatment of children under 15 years of age and of persons suffering from diseases enumerated in a list issued

by the Ministry of Health shall be granted by health authorities and institutions.

Section 20

Provision of drugs and medical goods

(1) Unless the patient was provided with the necessary drugs and therapeutic and orthopaedic aids or other medical goods in the course of the therapeutic and preventive care, they shall be dispensed to him by a pharmacy or other authorized institution on prescription.

(2) Only drugs listed in the Pharmacopea or those admitted by the Ministry of Health may be prescribed and dispensed.

(3) The Pharmacopea, which contains provisions regarding the types and properties of drugs and some medical goods and the method of their preparation, storage, testing and dispensing, is published by the Ministry of Health which specifies at the same time which drugs and medical goods and in what quantities must be permanently on stock in pharmacies and other health institutions.

Section 21

Assessment of working ability

(1) An integral part of therapeutic and preventive care is the assessment of working ability. This activity is carried out usually by the attending physician and a commission of specialists according to instructions issued by the Ministry of Health in

close collaboration with the Central Trade Union Council and the State Social Security Office.

(2) Assessment of working capacity is carried out and certificates are issued for other purposes than listed in section 1 to the extent specified by the Ministry of Health.

(3) Assessment of working capacity for social security purposes is governed by special regulations.

Section 22

Active health care of the population

(1) Health institutions provide active health care of the population, particularly by prevention of diseases, their early diagnosis and effective treatment; they use the dispensary method of work by means of which they ensure active care, in particular for children and adolescents, women in connection with maternity, and persons who are exposed to a specially adverse influences of the working environment, persons who pursue activities involving the danger of the spread of infectious diseases, and, gradually, for further groups of the population specified by the Ministry of Health.

(2) It is the duty of every citizen to undergo as part of dispensary care general preventive examinations, as specified, in institutions of the Ministry of Health, when requested to do so by the appropriate health authorities, and to attend preventive examinations, investigations and diagnostic tests which do not involve any danger to his health.

Section 23

Instruction and consent of the patient

(1) It is the duty of the doctor to instruct in a suitable manner the patient or members of his family of the nature of the diseases and the necessary procedures so that they can actively cooperate in the provision of therapeutic and preventive care.

(2) Examinations and therapeutic procedures are made with the patient's consent or when his consent can be assumed. If the patient refuses, despite proper explanation, the required care, the attending physician shall ask for a statement in writing (release on probation).

(3) If an immediate examination or therapeutic procedure is essential for saving the patient's life or for the health of a child or a person deprived of legal capacity, or if the parents or guardian refuse consent, the attending physician has the right to decide himself with respect to the procedure. This provision applies to children who cannot, in view of the state of their mental development, appreciate the essential character of such a procedure.

(4) In the absence of the patient's consent, examination and therapeutic procedures may be carried out, and the patient may be also transferred for in-patient treatment, depending on the character of the disease, if diseases are involved, where compulsory treatment may be imposed or when the patient threatens his environment by his state of health, or when in view of the patient's condition it is not possible to ask for his consent. If a patient suffering from a mental disease threatens his own life, he may be transferred to in-patient care without his consent.

Section 24

In-patient care without the patient's consent

(1) Admission of a patient to a hospital without his consent shall be reported by the health institution to its superior national committee. Institutions which are not subordinated to a national committee shall inform the regional national committee of their respective region. The report shall be submitted within 48 hours after admission or subsequently, when the patient's free movement has been restricted without his consent.

(2) If the national committee specified in section 1 has doubts as to the need of in-patient care without the patient's consent, it shall review the measure after expert evaluation and after consultation with the local (municipal) national committee of the permanent residence of the patient and shall confirm or abolish the decision. The same procedure shall be used if the review is requested by the patient or persons close to him*) or a guardian or health institutions, trade union organs or other public organizations.

(3) An application may be again submitted to the national committee if the condition of the patient improves or after the period specified by the national committee has elapsed. If the reasons for further in-patient care without the patient's consent cease to exist, the patient shall be released.

(4) If a person is placed under institutional care due to a mental disorder, the persons and agencies listed in section 2

*) Under Section 116 of the Civil Code, close persons include relatives in direct line of descent, brothers and sisters, and the spouse; other persons in family or similar relationship are considered as being close to each other, if a detriment suffered by one of them is felt as warranted detriment by the other.

may propose at any time that the decision of the national committee be revised by a court. A new proposal for judicial review may be submitted only after six months have elapsed since the decision of the court became final.

Section 25

O c c u p a t i o n a l t h e r a p y

Occupational therapy is organized and conducted by health institutions which may establish for this purpose their own workshops and other facilities or use the facilities provided by industrial and agricultural enterprises or other organizations. Work performed in the course of occupational therapy does not establish an employment contract. The income derived from this work is used by the health institution to cover the increased costs and improved cultural care for the patients, and for their remuneration according to regulations issued by the Ministry of Health in agreement with the Central Trade Union Council.

Section 26

C o l l e c t i o n o f b l o o d , t i s s u e s a n d o r g a n s

(1) For the needs of preventive and therapeutic care and scientific research, health institutions organize and carry out the collection of blood, tissues and organs.

(2) The above may be taken from live persons only with their consent and must not involve any danger to their health; donors receive special health care.

Other operations

Section 27

Sterilization may be carried out only with the consent or at the request of the person concerned and under conditions specified by the Ministry of Health.

Section 28

(1) Persons who died in health institutions are, as a rule, subjected to p.m. examinations in accordance with the decision of the head of the institution. Decisions regarding p.m. examinations of persons who died elsewhere are made by the attending physician or the district hygiene officer.

(2) Forensic necropsies are made under conditions defined by special regulations.

Section 29

Treatment abroad

Czechoslovak citizens and their dependents sent abroad by Czechoslovak authorities, agencies or organizations are reimbursed for the appropriate costs of necessary treatment abroad. Other citizens may be reimbursed for the costs of the necessary treatment abroad by the competent institute of

national health as a rule up to the amount of the costs of similar treatment in Czechoslovakia.

Section 30

Therapeutic and preventive care extended to foreign citizens

Foreign citizens, unless they are entitled to free health services under interstate agreements or under the principle of reciprocity, receive free therapeutic and preventive care only if they work in the Czechoslovak Socialist Republic as employees or as members of a cooperative, or receive a Czechoslovak social security pension and have their domicile on the territory of the Czechoslovak Socialist Republic, under conditions specified in regulations issued for the implementation of the present Act. These regulations shall also define the conditions and the extent of the rights of foreign citizens as regards free medical care during their temporary stay on the territory of the Czechoslovak Socialist Republic.

CHAPTER II

UNIFORM SYSTEM OF HEALTH SERVICES

Division 1

UNIFORMITY OF THE SYSTEM

Section 31

The tasks of the health services are ensured by health institutions and other health organizations organized as a uniform system of health services. This system is organized in such a manner, that individual services are efficiently linked and so that the more skilled and specialized services supplement the activities of the other facilities, guide them methodologically and train their professional staff; conditions shall thereby be created for the uniformity and continuity of services and for steadily raising their standard.

Section 32

(¹) Health services are provided by health institutions which are classified as follows:

- (a) institutions of the hygiene service,
 - (b) institutions for therapeutic and preventive care.
- (2) Other institutions and organizations of the integrated system of the health services include
- (a) institutions for the postgraduate education and training of health workers,
 - (b) organization for the manufacture of medical goods, for the supply of drugs and other goods and for their control,
 - (c) scientific research and development facilities in the sphere of health problems.

Section 33

(1) The institutions and organizations of the uniform system of health services are controlled by the national committees with the exception of those institutions and organizations where it is explicitly stated that they are controlled by the Ministry of Health or the Slovak National Council; the latter include, in particular, research and development institutions, institutions for the postgraduate training of health workers, balneological organizations, organizations for the manufacture of drugs and some medical goods, and organizations for the distribution of drugs and other medical goods.

(2) Institutions controlled by the district and regional national committees are included in district or regional institutes of national health according to principles defined by the Ministry of Health. The institute of national health is an integrated functional, organizational and economic unit. Institutions and organizations controlled by the central authorities may also be associated if expedient, and/or units may be established for the joint realization of their tasks.

Division 2

TYPES AND TASKS OF HEALTH INSTITUTIONS

Facilities of the hygiene services

Section 34

(1) Specialized tasks in the sphere of hygiene and epidemiology are carried out by hygiene stations; these stations prepare in particular data for the measures taken by the hygiene service and participate in their effectuation, guide other health institutions and their health personnel in their activities as regards hygiene and the control of contagious diseases, and assist them in their work.

(2) The types of hygiene stations are graded according to their function, size and the nature of the catchment area and technical equipment.

INSTITUTIONS OF THERAPEUTIC AND PREVENTIVE CARE

Section 35

Hospitals with polyclinics and other facilities for out-patient care

(1) The basic unit of the facilities for therapeutic and preventive care which provides out- and in-patient care to the population of a particular area, or the workers of a particular enterprise is a hospital with a polyclinic and community health centres and further local and factory ambulatory facilities.

(2) The hospital with polyclinic provides to the population of its catchment area in-patient care and specialist ambulatory services; as a rule it provides community services to the population of the town and its close vicinity. It secures technical supervision of preventive and therapeutic activities in its catchment area. Types of hospitals with polyclinics are graded with regard to function, size character of the catchment area and technical equipment.

(3) Other local polyclinics not situated on the hospital grounds and factory polyclinics provide health community services for specified health communities and specialized out-patient services for the entire catchment area of the polyclinic.

(4) Health community centres are facilities which provide health community services to the rural or suburban population unless these services are provided by a polyclinic. In remote or isolated areas detached surgeries of the health community centre may be established. These include medical posts and child and women's welfare centres; medical posts may also be established in factories and enterprises.

Section 36

Special therapeutic institutions

(1) Therapeutic and preventive care for persons with impaired health where the illness is of a chronic character and calls for special, predominantly rehabilitation care, is provided by special therapeutic institutions specialized usually according to the type of the disease. The care they provide follows after the care provided by hospitals with polyclinic.

(2) Special therapeutic institutions include sanatoria for tuberculosis and respiratory affections, mental hospitals, rehabilitation institutes and other therapeutic institutions, convalescent homes and night sanatoria.

(3) Balneological institutions are special therapeutic institutes which use in their therapeutic and preventive care mainly natural remedial resources or climatic conditions. A spa polyclinic may be established for diagnostic and therapeutic purposes of out-patient balneological care and for some other specialized services in spas.

(4) Convalescent homes provide institutional care to convalescents or persons whose health is impaired.

(5) Night sanatoria provide in their non-working hours the necessary care to persons who are fit for work but whose health is threatened or impaired.

Section 37

Pharmacies

(1) Pharmacies prepare and dispense drugs; when providing therapeutic and preventive care, out- and in-patient facilities, may also dispense drugs. Drugs which are used for other purposes than the preparation of medicaments may be dispensed for such purposes elsewhere than in pharmacies only under conditions specified by the Ministry of Health in agreement with the central authorities concerned.

(2) Pharmacies and other health institutions so entrusted also dispense medical goods. Some of them also manufacture and repair certain types of medical goods.

Section 38

Special facilities for children

Institutions for therapeutic and preventive care include infant's institutes, children's homes and nurseries, which care for the overall development of children under three years of age.

Division 3

ESTABLISHMENT AND OPERATION OF HEALTH INSTITUTIONS

Section 39

(1) Health institutions are established by national committees with the exception of those institutions, which are controlled by the Ministry of Health or the Slovak National Council.

(2) Institutions controlled by the national committee must provide within the catchment area specified under uniform nationwide principles (Section 70) the necessary services also to the population of the neighbouring districts or regions.

(3) Health communities and their seats are determined according to uniform, nationwide principles by the district national committees in collaboration with local national committees and in the case of health communities, in collaboration with the trade union organs.

Section 40

Enterprises and other organizations must build enterprise health facilities from their own financial means as part of the uniform system of health services and according to specified types. They must also cover the costs of the maintenance and some costs associated with the operation of these facilities. The detailed conditions and the scope of such costs are specified in the regulations issued for the implementation of the present Act.

Section 41

First-aid facilities, sick bays and other auxiliary facilities which supplement the care provided by the health institutions are usually established and operated by enterprises and other organizations from their own funds. They must adhere to regulations issued by the appropriate central authorities in agreement with the Ministry of Health and the Central Trade Union Council.

Section 42

(1) Health institutions are established, administered, operated and abolished according to uniform, nationwide principles specified by the Ministry of Health and pertaining to the organization and development of the network of health facilities, their organization and operation, their types and nomenclature, functions, and the norms and standards of their personal and material equipment (Section 70).

(2) The Ministry of Health has the right to prohibit the establishment, construction or operation of a health institution which is contrary to these principles.

CHAPTER III

NATURAL THERAPEUTIC SPAS AND NATURAL THERAPEUTIC RESOURCES

Section 43

N a t u r a l t h e r a p e u t i c s p a s

(1) Natural therapeutic spas use for purposes of balneological care primarily all natural therapeutic resources and/or climatic conditions.

(2) Natural therapeutic spas are granted special protection, and favourable conditions shall be created for their development.

Section 44

S p a s

(1) The territory where a spa is located or is to be established shall be proclaimed a spa by the Government on the proposal of the Minister of Health.

(2) The national committees in spas are concerned with the protection and development of the spas, the continuous improvement of all the spa facilities and the needs of their visitors,

the cultural development, ensuring rest, adequate supplies and the development of balneological services, as well as generally favourable conditions of the spa atmosphere.

Spa statutes and provisions for the protection of spas

Section 45

(1) Spas have spas statutes. The spa statute defines in greater detail the area of the spa as well as the necessary protective measures in the spa and the conditions which ensure the proper provision of balneological care; they define in particular measures associated with the building and development of the spa and define which activities and to what extent are limited or prohibited in the spa, and what type of enterprise must not be established therein.

(2) If it is necessary for the protection of spas, appropriate measures are also applied outside the boundaries of the spa to prevent activities which may be harmful to the natural therapeutic spa; protective measures also include the establishment of protective zones surrounding the spa, where harmful activities are prohibited.

Section 46

(1) For important spas and those where the protection would interfere with important economic interests, the Government, on the recommendation of the Minister of Health shall issue spa statutes and specify the protective zones and other protective measures. As regards other spas, the statutes shall be issued

and the protective zones and other protective measures shall be determined by the appropriate regional national committees on the basis of a binding opinion of the Inspectorate of Spas and Mineral Springs (Section 72).

(2) In order to prevent damage which spas may suffer before the spa statute is issued and before the protective zone and other protective measures are determined, the Inspectorate of Spa and Mineral Springs may order the necessary preliminary measures.

Natural therapeutic sources and measures for their protection

Section 47

Natural waters, gases and emanations, as well as beds of naturally occurring turf, mud, peat and other types of earth may be proclaimed as natural therapeutic springs if they exert a beneficial effect on human health and if they can be used for therapeutic purposes. A natural source shall be proclaimed as therapeutic by the Ministry of Health, which shall also determine its use.

Section 48

(1) Protective zones shall be determined for the protection of natural therapeutic sources where economic and other activities which may exert an adverse effect on the natural therapeutic sources are either limited or prohibited.

(2) If necessary, individual protective measures shall be esta-

blished for the protection of natural therapeutic sources also outside the protective zones.

(3) Regulations pertaining to protective zones, and other protective measures and essential preliminary provisions for the protection of natural sources are subject to Section 45 and 46 *mutatis mutandis*. The Inspectorate of Spas and Mineral Springs may issue the essential provisional protective measures also for the interim period before a natural source is proclaimed therapeutic.

Section 49

M i n e r a l t a b l e w a t e r s

Section 47 and 48 concerning natural therapeutic sources shall also apply *mutatis mutandis* to naturally occurring mineral table waters.

Section 50

R e s p o n s i b i l i t i e s o f a g e n c i e s a n d o r g a n i z a t i o n s

(1) Before the adoption of territorial and urban development plans, the issuance of the pertaining decisions and the approval of the documentation pertaining to building projects affecting a spa or a protective zone (Sections 45 and 48) the appropriate agencies and organizations must apply for a binding expert opinion of the Inspectorate of Spas and Mineral Springs; if such expert opinion was not applied for or if the conditions specified

therein were not met, the appropriate agencies shall not approve the aforesaid plans and building projects.

(2) In order to promote the protection of natural therapeutic spas and natural therapeutic sources agencies and organizations shall have the duty to

- (a) make it possible for the authorized workers of the Inspectorate of Spas and Mineral Springs to enter premises and facilities in order to conduct the necessary investigations or supervision and to take the necessary number of samples for the conducted investigation,
- (b) submit to such workers documents and provide them with the necessary data for supervision,
- (c) eliminate the ascertained shortcomings.

Section 51

Spas and protective zones shall be listed on the proposal of the Inspectorate of Spas and Mineral Springs in the records of the Central Administration of Geodesy and Cartography.

CHAPTER FOUR

WORKERS IN THE HEALTH SERVICES

Division 1

QUALIFICATION AND TASKS

Section 52

Responsibilities of health workers

The tasks of the health service are implemented in comradely cooperation and according to the principles of expedient division of labour by health workers and other employees of the health service.

Conditions for carrying out health professions

Section 53

(1) Health workers are persons who acquired the qualification to carry out a health profession after having completed their studies and after having taken the appropriate examinations on the territory of the Czechoslovak State. This competence is acquired by

- (a) physicians at a medical faculty, and pharmacists at a pharmaceutical faculty,
- (b) other health workers at schools for health workers or by specialist training.

Health workers also include dentists who acquired the qualification for carrying out their profession before the present Act came into effect.

(2) The qualification of health workers to carry out their profession acquired under the existing regulations shall not be affected.

(3) The Ministry of Health may grant permission to carry out a health profession to a foreigner or a person who acquired his professional qualification abroad if their education and training, and their practical experience qualifies them to carry out such profession; the permission may also depend on the passing of an examination.

Section 54

(1) The different branches of health workers in individual categories, the scope of their work and the detailed conditions for carrying out a health profession shall be specified by the Ministry of Health in conformity with the needs of the development of the socialist health services. The Ministry of Health shall also determine the required qualification for the different functions in the health services.

(2) In serious cases, especially those involving gross shortcomings in the work of a health worker, the Ministry of Health may temporarily or permanently prohibit a person to perform his health profession.

Duties of workers in the health services

Section 55

(1) Health workers have the duty to carry out their profession conscientiously, honestly and in keeping with the main principles of health care of the people with a deeply human approach to the citizens and sense of responsibility towards society.

- (2) It is the duty of every health worker in particular to
- (a) carry out his profession to the extent and in the manner according to principles specified by the Ministry of Health,
 - (b) take on and fulfil also special tasks which are entrusted to him temporarily in an important public interest,
 - (c) while working in the health profession study continuously and systematically and participate, if so requested by the appropriate organs or agencies, in courses and in the training of health workers,
 - (d) provide without delay first aid to everybody, if without such aid such person's life or health would be threatened, and if aid is not available in time in the usual way, ensure, if necessary, further specialized care,
 - (e) keep in secret facts which he learned while carrying out his profession with the exception of those cases when he communicates the fact with the consent of the treated person or when he was exempted from this duty by a superior authority in an important state interest; the duty to report certain facts, which is imposed on health workers by special regulations, shall not thereby be affected,
 - (f) participate in the education of the public as regards the tasks of socialist society concerning health care of the people.

(3) The duties listed in paragraph 2 (d) and (e) also relate to health workers who are not employed in the health service.

(4) Other workers employed in the health service shall apart from continued training in their particular field also become familiar with health problems to the extent needed for their work.

Section 56

Care of the national committees for health workers

National committees, in particular the local (municipal) and district committees should facilitate the implementation of the responsible tasks of health workers by creating favourable living and working conditions for them; they shall, in particular secure suitable accommodations for them.

Division 2

EDUCATION, TRAINING AND POSTGRADUATE TRAINING

Section 57

(1) The central ideological and pedagogical control of education and training at medical and pharmaceutical faculties are under the competence of the Ministry of Education and Culture

which closely collaborates in matters of education and training with the Ministry of Health.

(2) The Ministry of Health shall exercise, in accordance with principles set by the Ministry of Education and Culture the central ideological and pedagogical control of schools for paramedical workers and shall determine the network of these schools. The activities of the Ministry of Education and Culture as regards the central control over the application of these principles and the central professional supervision over instruction in subjects of general education at these schools shall not be thereby affected.

Section 58

(1) Care for the postgraduate training of health workers shall be an important task of all senior workers in the health services and health agencies.

(2) Postgraduate training of health workers, including their specialized practice in basic departments, specialization training and other methods of postgraduate training shall be controlled by the Ministry of Health in agreement with the Ministry of Education and Culture; it shall determine in particular the organization, form and type of postgraduate training, the branches where specialization training is done and the extent of the required knowledge.

Section 59

(1) Institutions shall be established for the postgraduate training of health workers, whose purpose shall be pedagogic, methodological and research activities. These institutes shall ensure also the further training of other professional workers to the extent required for their work in the health services.

(2) In order to ensure a high standard of postgraduate training of physicians and pharmacists as a continuation of their university training, the Government shall determine by a statute the organization and tasks of the institutes for the postgraduate training of physicians and pharmacists; it shall determine in particular that such institutes shall have certain privileges and responsibilities which otherwise belong to universities.

(3) The statute of the institutes for the continued training of paramedical workers shall be issued by the Ministry of Health.

Section 60

Instruction at medical and pharmaceutical faculties and at institutes for postgraduate training shall be based on highly competent departments of the health institutions. The Ministry of Health shall specify these departments, help in their development, and appoint and dismiss their senior officials; such departments shall be called clinics. In the case of departments serving training at medical and pharmaceutical faculties, the Ministry of Health shall proceed in agreement with the Ministry of Education and Culture.

CHAPTER FIVE

MATERIAL PROVISION OF THE HEALTH SERVICES

Section 61

(1) The manufacture and importation of drugs, medical apparatuses and instruments, balneological preparations and other medical goods and supplies thereof shall be planned and controlled in keeping with contemporary scientific and technical knowledge and with the needs of the health service in order to ensure the material provision of health institutions which renders a high standard of health services possible.

(2) The implementation of the tasks defined in paragraph 1 shall be ensured by the Ministry of Health directly with the appropriate organizations in the field of its competence. As regards organizations subject to other central organs it shall ensure these tasks by participating in the elaboration of their production programme and research plan and shall determine the individual kinds and types of products for manufacture and importation and for the sale of medical equipment.

Section 62

(1) Only those drugs and medical goods may be produced or imported which have been approved by the Ministry of Health.

(2) Drugs and medical goods may be produced, stored and transported with a marking, in a dosage, in packaging and under other conditions specified in the Pharmacopea and technical standards, or when their manufacture or importation have been licensed. Only organizations so licensed by the Ministry of Health shall be authorized to produce mass manufactured medicaments.

Section 63

(1) Manufacturers, customers for imported products, supply organizations and pharmacies shall have the duty to carry out a systematic control of the quality, marking, composition, dosage and finish of drugs and medical supplies according to regulations issued for the implementations of the present Act or according to special regulations.

(2) The supreme control of drugs and certain medical supplies shall be carried out by state institutes for drug control or other agencies so authorized by the Ministry of Health.



PART FOUR

TASKS OF SCIENCE AND RESEARCH IN THE CARE OF PEOPLE'S HEALTH

Section 64

The organs which control and coordinate the development of science and technical science and its application in practice, as well as workers from all fields of scientific research shall fulfil their tasks in harmony with the findings of medical science and thus ensure that the development of science and technical science contribute to the promotion of the people's health.

Section 65

Organs which control and coordinate research in medical science and care of the people's health shall see to it that such activity concentrates primarily on the solution of urgent problems arising from the analysis of the health status of the population, on acquiring knowledge of the organism and environment of man and focussed on prevention and treatment of the socially most serious, on the development of man's physical and mental abilities, and the prolongation of his active

age, and on ensuring that this care is expedient and economical; they shall also plan, control, coordinate and evaluate the development of these activities in a uniform manner.

Section 66

(1) In order to fulfil the tasks of the Ministry of Health in the care for the development of medical science and research activities in the health service, a Scientific Council of the Ministry of Health has been established. The members of the Scientific Council shall be appointed by the Minister of Health from the ranks of distinguished representatives of medical science, distinguished representatives of other branches and workers from practice.

(2) The main tasks of the Scientific Council of the Ministry of Health are to:

- (a) prepare the scientific basis for the nationwide control of health policy,
- (b) recommend tasks to be included in the plan of scientific research in medical science and care of the people's health,
- (c) attend to the development and effective editorial policy of the medical press and approve the editorial plan in the field of health literature and the topics of films on health and medical problems,
- (d) attend to the development of the Czechoslovak J. E. Purkyně Medical Society,
- (e) propose clinical tests of drugs and recommend their production and use,
- (f) ensure the coordination and development of international relations and an expedient international division of labour

in scientific research, in medical science and care of the people's health.

(³) The statute of the Scientific Council of the Ministry of Health shall be approved by the Government.

Section 67

In ensuring the scientific standard of the control of the health service and in raising the professional and ideological standard of health workers, the Ministry of Health shall cooperate also with the Czechoslovak J. E. Purkyně Medical Society.



PART FIVE

CONTROL OF HEALTH CARE OF THE PEOPLE AND COMPETENCE IN THE OPERATION OF HEALTH SERVICES

CHAPTER ONE

CONTROL OF HEALTH CARE OF THE PEOPLE

Section 68

C e n t r a l o r g a n s

(1) The ministries and other central organs have the duty to implement within the sphere of their competence measures for the promotion and improvement of the people's health under Part One of the present Act as an integral part of the control of the nation's economy and culture.

(2) The central organs shall in particular

(a) determine, when planning the development of their

particular branch, the specified tasks in the health care of the people, decide on measures relating to health care of the people which call for a modification of the plan or the budget going beyond the possibilities of the organizations under their control; they shall discuss regularly the provisions made to ensure such care and guide their subordinate organizations to take measures for creating and protecting healthy living conditions,

- (b) control how the organizations fulfil their duties as regards the creation and protection of healthy living conditions and call them to responsibility if they fail to fulfil their duties in the health care of the people.

The Ministry of Health

Section 69

The Ministry of Health shall settle, in keeping with the results of scientific advances and the needs of society, fundamental problems of nationwide importance concerning the health policy, specify the concept and outline the main trends of development of the health services, and ensure that they are respected in the plan of development of the national economy. It shall ensure with the assistance of its Scientific Council the development of medical science and research in the health service; it shall ensure the prompt application of scientific results in practice, so that health services are provided at the highest attainable standard.

Section 70

(1) In order to ensure a uniform professional guidance in health care and the health services and in order to settle problems which call for a uniform, nationwide regulation, the Ministry of Health shall, in particular

- (a) professionally control the health education of the population,
- (b) professionally regulate the health care of the people, particularly as regards the creation and protection of healthy living conditions in all branches and to this end determine binding health requirements which are to be ensured by the other central organs as part of their control activities,
- (c) control the health services in a uniform manner and to this end issue binding principles and instructions for the organization and operation of health services, and supervise the standard of these services; in doing so it shall see to it that senior workers should use as a basis for their activities systematic investigation and analyses of the health status of the population as well as data and indices pertaining to health services,
- (d) control the training and education of paramedical and auxiliary health workers, collaborate with the Ministry of Education and Culture as regards the education and training of doctors and pharmacists, participate in the placement of graduates of the medical and pharmaceutical faculties, direct the placement of graduates of schools for paramedical workers and the postgraduate training of paramedical workers,
- (e) issue according to principles approved by the Government and the State Commission for Finance, Prices and Wages instructions for the wage policy in the health service,
- (f) approve standard designs for the construction of health

institutions as well as capital investments and projects, which it shall stipulate for its approval,

- (g) ensure uniform control and operation of the preparation of the health services for the defence of the State,
- (h) ensure collaboration in the sphere of the health services with other countries and in particular with the socialist countries.

(2) The Ministry of Health shall exercise the supreme technical supervision and control of the health services in other branches. The Ministry of Health shall be assisted in these tasks by research and development departments, institutes for postgraduate training of health workers, and expert advisory boards.

(3) The Ministry of Health executes its jurisdiction in close cooperation with the Regional National Committees.

(4) The Ministry of Health is assisted in implementing these tasks by research and scientific departments, institutes for the postgraduate training of health workers and expert advisory boards.

Section 71

(1) In order to provide expert guidance of the care for the creation and protection of healthy living conditions the Chief Officer of the Czechoslovak Socialist Republic has been appointed in the Ministry of Health as an organ of the hygiene service; he shall be appointed and recalled on recommendation of the Minister of Health by the Government. The deputy of the Chief Hygiene Officer of the Czechoslovak Socialist Republic is the Chief Hygiene Officer for Slovakia who shall be appointed and recalled on the recommendation of the Commissioner of Health of the Slovak National Council and after a statement

of opinion of the Chief Hygiene Officer of the Czechoslovak Socialist Republic by the Presidium of the Slovak National Council. The Minister of Health may appoint additional deputies of the Chief Hygiene Officer of the Czechoslovak Socialist Republic.

(2) The responsibilities of the Chief Hygiene Officer of the Czechoslovak Socialist Republic include

- (a) the issuance of generally binding instructions for the implementation of hygienic and epidemiological principles,
- (b) cooperation with the central agencies and organs and public organizations in securing their tasks as regards the creation and protection of healthy living conditions; he may demand from them to carry out within their competence effective measures for raising the hygienic standard of their particular branch, and supervise how they implement these tasks,
- (c) issuance of binding expert opinions as defined under Section 4; he approves the production, importation and use of sera, vaccines and biological diagnostic preparations,
- (d) supervision or adoption of measures to ensure supervision in plants, enterprises and institutions where it is necessary with regard to their importance or type of operation, and issuance of binding instructions to eliminate the shortcomings ascertained in such plants and enterprises,
- (e) control or implementation of measures against the development and spread of communicable and occupational diseases which are to be effectuated on a national scale or in several regions, and the issuance of instructions on special measures during epidemics,
- (f) control and, if necessary, the effectuation of measures for the health protection of the State frontiers.

(3) The Chief Hygiene Officer of the Czechoslovak Socialist Republic controls, as regards fundamental questions, the activities of the subordinate organs of the hygiene service, supervises them and helps them to ensure the technical standard of

their work, and gives them orders and instructions on problems of nationwide importance.

Section 72

(1) In order to ensure a nationwide supervision of measures for the protection of natural therapeutic springs and natural therapeutic sources and their use an Inspectorate of Spas and Mineral Springs has been established at the Ministry of Health; a similar Inspectorate for Slovakia may be established with the Commissioner of Health of the Slovak National Council. The Inspectorate has in particular the responsibility

- (a) to follow-up the hydrological, climatic, geological and vegetative conditions with regards to the needs of the development of spas, and prepare measures necessary for the protection of natural therapeutic spas and sources,
- (b) to supervise the adherence to spa statutes and measures for the protection of natural therapeutic spas and sources,
- (c) to make investigations and submit recommendations or binding opinions when localities are proclaimed as spas or natural sources are proclaimed as therapeutic, participate in the drawing up of spa statutes, in determining protective zones and other protective measures before the adoption of territorial plans and issuance of urban and rural development decisions, and before the approval of projects pertaining to spas or the protective zones,
- (d) to prepare the demarcation of protective zones and to adopt the essential interim measures.

(2) Workers of the Inspectorate of Spas and Mineral Springs shall closely cooperate, when implementing their tasks in organizations subordinated to the supreme supervision of the

State Mining Administration, with the agencies of that Administration.

Section 73

The Slovak National Council

The Slovak National Council participates in the implementation of the present Act. The competence of the Slovak National Council and its organs in implementing the tasks emerging from the present Act shall be specified by an Act passed by the Slovak National Council.

National committees

Section 74

(1) The national committees control in their areas in accordance with the regulations concerning national committees and in accordance with the present Act and the issued thereunder regulations, the health care of the people, and shall implement measures for the steady development of this care in all branches of the national economy and culture.

(2) The national committees follow in implementing their tasks listed in the preceding paragraph also the basic directives and instructions of the Ministry of Health, so that the needs of the population within the area under their jurisdiction are secured in harmony with nationwide interests; they shall implement their tasks with the assistance of the health

institutions under their control, experts and expert advisory boards, and with the participation of the working people.

Section 75

(1) For the expert guidance of the care for the creation and protection of healthy living conditions district and regional hygiene officers shall be appointed in the district and regional national committees as organs of the hygiene services.

(2) The district hygiene officer has the responsibility

- (a) to collaborate with other agencies, organs and bodies of the national committee and with economic and cultural organizations in fulfilling their tasks as regards the creation and protection of healthy living conditions, and to supervise how the different branches and organizations implement these tasks,
- (b) to submit binding expert opinions under Section 4,
- (c) to control, implement and ensure hygienic supervision and issue binding instructions for the elimination of ascertained shortcomings including the ban on certain activities and orders to destroy harmful and other products, or to use them for other purposes,
- (d) to control and, if necessary, carry out and ensure measures against the development and spread of communicable and occupational diseases, and take special measures in the case of epidemics,
- (e) to control and, if necessary, carry out and ensure measures for the health protection of the State frontier.

(3) The regional hygiene officer fulfils the tasks listed under section 2 in matters exceeding the district scope or in cases which cannot be considered in the district.

(4) The regional hygiene officer controls and supervises the activities of the district hygiene officers, helps them to ensure the professional standard of their work, and gives them orders and instructions in matters of a regional importance.

Section 76

Special rights of organs and workers

(1) The organs of the hygiene service and workers of the Inspectorate of Spas and Mineral Springs are authorized when implementing their tasks, to enter all plants and enterprises, facilities and premises, take the necessary number and amount of specimens for examination, and demand the necessary documents and data.

(2) The provisions of paragraph 1 also apply to technical workers authorized by the Chief Hygiene Officer of the Czechoslovak Socialist Republic to perform the rights listed under Section 71 paragraph 2 (d) to (f), to technical workers of the hygiene stations entrusted by the regional and district national committees with the rights listed in Section 75 paragraph 2 (c) to (e), to health community doctors, and if necessary to other doctors, if they perform the tasks specified under Section 16 paragraph 2.

CHAPTER TWO

DECISIONS IN THE OPERATION OF HEALTH SERVICES

Section 77

(1) Health institutions or commissions specified for this purpose under the regulations issued for the implementation of the present Act have the authority within the scope of their competence to decide on the rights and duties of individuals which arise under the present Act in conjunction with the provision of health services.

(2) If an individual feels that a decision or measure taken in conjunction with the provision of health services, including decisions pertaining to the assessment of working capacity is incorrect, he may submit an application for a review of the decision to the head of the health institution concerned. This application may be also submitted by the appropriate organ of the Revolutionary Trade Union Movement, producer cooperative or unified agricultural cooperative. If the head of the health institution does not comply with the application, he shall pass it as an appeal to the appellate organ; if an institution which forms part of an institute of national health is involved, the head of the institution shall submit the appeal through the director of such institute, who himself may grant it.

(3) Decisions on appeals against a decision refusing to admit a child to a local nursery shall be taken by the competent local (municipal) national committee after the matter has been

discussed with the director of the district institute of national health. Appeals against decisions or measures taken by an institute of national health shall be decided by the national committee which controls such institute. Appeals against decisions or measures of institutions controlled by the central organs shall be decided by such organs.

(4) The application for review as mentioned under paragraph 2 may be submitted by an individual within 15 days, in matters of temporary work incapacity within three days after the day he was informed of or served with the decision or measures.

(5) Other instances of decisions in the operation of health services shall be governed by the provisions concerning administrative procedure.

(6) In order to consider cases where doubts arose whether the correct procedures had been used in the performance of health services, or whether harm to health had been caused, expert commissions shall be established at the regional national committees and the Ministry of Health. Details shall be specified in regulations issued for the implementation of the present Act.



PART SIX

JOINT AND FINAL PROVISIONS

Section 78

(1) Compensation of costs and damages caused by the fulfilment of obligations in the health care of the people, particularly by the implementation of hygiene and epidemiological measures and measures for the protection of natural therapeutic spas and sources or by the taking of specimens for these purposes, or a contribution towards the coverage of such costs or damages shall be provided by the State only insofar as it is provided for by regulations under the present Act or by other regulations.*)

(2) The payment of damages which arose during the provision of health services shall be governed by the provisions of the Civil Code; even if no obligation to pay damages has arisen, the State may, in extraordinary instances deserving special attention pay a contribution to the damaged person.

(3) The regulations issued for the implementation of the present Act shall specify when injury to health caused by vaccination ordered for certain groups of workers in view of the character of their work is to be considered as an occupational accident.

*) They include in particular the Civil Code, the Labour Code, the Economic Code, the Act No. 54/1966 C. of L., the Act No. 103/1964 c. of L., the Act No. 27/1950 C. of L. and the Government Decree No. 40/1963 C. of L.

Section 79

(1) The tasks of health protection of the people determined in other regulations in conjunction with the protection of other social interests shall be implemented by agencies and organizations specified in such regulations in accordance with the principles of the present Act and in close cooperation with organs and institutions listed therein. This pertains in particular to health protection under labour regulations (primarily to ensure safety and health protection at work), regulations on the exploitation of mineral resources, on water conservancy, on veterinary care and state agricultural, food and commercial inspection. The organs specified in these regulations and the health authorities shall closely cooperate. The manner of such collaboration shall be specified in detail by agreement between the central agencies concerned.

(2) The regulations defining in detail the tasks listed in paragraph 1 and technical standards as far as they pertain to health care under the present Act shall be issued in agreement with the Ministry of Health.

(3) If in the course of making decisions on interests protected by other regulations the agencies established under such regulations also settle problems of health care according to the present Act particularly of securing healthy living conditions, they shall issue their decisions in agreement with organs competent under the present Act or in agreement with their binding opinion. This principle shall also apply if the organs when deciding according to the present Act on measures of health care simultaneously decide on the protection of associated interests under other regulations. The decision shall always be under the competence of the organs competent to protect the predominating interest.

(4) The organs and organizations listed in the present Act, as far as they fulfil tasks associated with the production, supply and distribution of drugs for veterinary purposes shall proceed according to principles determined by the Ministry of Agriculture and Forestry and in collaboration with the competent agencies and institutions of veterinary care.

(5) The competence of the Ministry of Agriculture and Forestry under the Act No. 66/1961 C. of L. on veterinary care, particularly as regards mitigation of infections and other mass diseases of animals and in the production, importation and distribution of veterinary biological preparations and the competence of veterinary workers in ensuring the wholesomeness of foodstuffs and raw materials of animal origin, including inspection of animals for slaughter shall not be thereby affected.

Section 80

(1) The organization and operation of health services in the armed and security forces shall be determined by the appropriate ministers *mutatis mutandis* according to the principles specified in the present Act.

(2) The hygiene and epidemiological service in the armed and security forces shall be carried out by their appropriate agencies.

(3) If it is necessary for ensuring health care of the people to adopt general measures or to ensure their uniform implementation, the organs of the armed and security forces shall work in close cooperation with agencies of the state health administration. If the development and spread of communicable diseases are involved, the organs of the armed and security forces shall take all necessary measures within their competence which are

in harmony with the general measures ordered by the organs of the hygiene service.

(4) The cooperation between the organs of the armed and security forces and the agencies of the state health administration in the implementation of the present Act shall be governed by the Ministries of Health, National Defence and the Interior.

(5) The organization and operation of health services on the railways shall be determined by the Minister of Transport in agreement with the Minister of Health.

Section 81

In order to complete the unity of content and organization of the health services, the government, after having created the necessary prerequisites may include in the uniform system of health services certain health services hitherto controlled by other central agencies than the Ministry of Health; and at the same time modify their organization, operation and control. Until the Government does so, the existing regulations shall be applied.

Section 82

The Government shall issue regulations on poisons and substances harmful to health. The regulations issued in conjunction with the present Act shall also deal with the problems of the burial service.

Section 83

(1) The following Acts and regulations are hereby abolished:

1. The Act No. 271/1949 C. of L. on the production and distribution of drugs;

2. The Act No. 170/1950 C. of L. on medical professions;

3. The Act No. 103/1951 C. of L. on the unity of preventive and therapeutic care, as amended by the Legal Measure No. 64/1955 C. of L., the Act No. 17/1957 C. of L. and the Act No. 78/1959 C. of L.;

4. The Act No. 4/1952 C. of L. on the hygiene and epidemiological care as amended by the Act No. 18/1957 C. of L.;

5. The Act No. 43/1955 C. of L. on Czechoslovak spas and therapeutic springs;

6. Government Decree No. 24/1951 C. of L. on physicians;

7. Government Decree No. 25/1951 C. of L. on dentists;

8. Government Decree No. 77/1951 C. of L. on paramedical workers;

9. Government Decree No. 14/1952 C. of L. on auxiliary health workers;

10. Government Decree No. 44/1952 C. of L. on pharmacists,

11. Government Decree No. 51/1952 C. of L. on the provision of preventive and therapeutic care to military and war invalids and victims of the war and fascist persecution;

12. Decree of the Minister of Health No. 37/1950 C. of L. on ensuring the production and import of high quality drugs;

13. Decree of the Minister of Health No. 5/1952 C. of L. on voluntary blood donors;

14. Decree of the Minister of Health No. 11/1953 C. of L. on health communities;

15. Decree of the Minister of Health No. 87/1953 C. of L. on the hygienic and epidemiological protection of water;

16. Decree of the Minister of Health No. 24/1954 C. of L. on the hygienic and epidemiological protection of the atmosphere;

17. Decree of the Minister of Health No. 25/1964 C. of L. on the hygienic and epidemiological protection of the soil;

18. Decree of the Minister of Health No. 8/1955 C. of L. on the burial services;

19. Decree of the Minister of Health No. 40/1955 C. of L. on the control of contagious diseases;

20. Decree of the Minister of Health No. 42/1956 C. of L. on the hygiene of labour protection.

(2) Legal Measure No. 23/1955 C. of L. on poisons and substances harmful to health shall be abolished on the day specified by the Government by Decree under Section 82.

Section 84

This Act is valid from July 1, 1966



The ACT No. 20 of March 17th 1966

ON HEALTH CARE OF THE PEOPLE

Published by the Ministry of Health

of the Czechoslovak Socialist Republic — June 1966

in *Czechoslovak Medical Press*

(Státní zdravotnické nakladatelství)

Prague 1966

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